Delaware Division of Prevention and Behavioral Health Services:
Response to the HJR 7 Resolution Mental Health Task Force, Chaired by Lt. Governor Matt Denn
Estimating the prevalence of PTSD and Substance Use Disorders in Bradley victims

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In July of 2011, Governor Markell signed House Joint Resolution 7 (HJR7) with the intent of assessing the impact of Earl Bradley's crimes on the mental health and well-being of his victims and determining the adequacy of child mental health resources in Kent and Sussex Counties. The current report provides ballpark estimates of the number of children whose mental health may have been affected by the Bradley case. The estimates are rough at best and based on two sources of information: The Department of Justice's (DOJ) headcount of confirmed victims and the National Survey of Adolescents (Kilpatrick & Saunders, 2000), which reported on 1995 rates of past sexual assault and related mental health problems in American teenagers.

A range estimate for the number of Bradley victims

The Department of Justice (DOJ) identified 103 children as victims in the criminal indictments against Earl Bradley. These 103 were identified based on videotaped evidence and forensic interviewing. Victims had an average age of 3 and all but one were female. The dating of confiscated videotapes suggests that Bradley was assaulting young patients from 1998 to 2009. Medical records taken from Bradley's office indicate that he served at least 5,000 children during that period.

The National Survey of Adolescents was conducted in 1995 to describe the national prevalence of abuse and associated mental illness in teenagers. Teenagers (n=4,023) were surveyed by phone in either English or Spanish. Half were female (48.7%); most were White, non-Hispanic (70.2%); and ages were evenly distributed across 6 groups (i.e., 12, 13, 14, 15, 16 and 17 years).

Of the teenagers in the NSA, 326 (8.1%) reported past sexual assault (i.e., penetration, oral sex, touching of the genitals: perpetrator-to-child or child-to-perpetrator). Girls were more often assaulted than boys (13.0% vs. 3.4%). Less than a third (29.9%) were assaulted before age 11, more than a third (37.1%) from 11-14, and the remainder after age 14 (22.5%) (no age given for the remaining assaults). Nearly two thirds (64.1%) of assaults were one-time events. About half (52.8%) involved non-familial perpetrators that were known to the child; a fifth (21.8%) familial perpetrators; another fifth (23.6%) perpetrators not known by the child (no relationship given for remaining assaults).

Of the 326 teens reporting past sexual assault, 222 (68.1%) said they told someone about the assault. Children who were female or White were more likely to tell. **Only 23% of youth said that past assaults had been reported to authorities.**

Thus, according to the NSA data, only two-thirds of sexually assaulted children tell someone about past assault and only a quarter are made known to authorities. In the Bradley case, one can argue that DOJ and the state police uncovered more than 23% of victims because of the victims' demographic (mostly female), access to videotaped evidence and intense publicity. One can also argue that these children were younger and less likely to disclose. With these caveats in mind, we will assume that the victim count is somewhere between 103 (i.e., the confirmed victim count) and 448 (i.e., 103/.23 or the confirmed victim count divided by the NSA percentage of victims that are reported to authorities). We will call '103' our 'floor' and '448' our 'ceiling'.

Estimating the number Bradley victims that will have childhood mental health disorders

As a rough illustration of the increased risk for mental health disorders in Bradley victims, we used the prevalence rates taken from the NSA for Posttraumatic Stress Disorder (PTSD) and Substance Use Disorders (SUD) (see Table 1). Because confirmed Bradley victims are predominantly female, we only used the NSA's prevalence rates for the female respondents. According to these rates, 1 in 9 girls reported a lifetime diagnosis of PTSD, and 1 in 12 reported a lifetime diagnosis of SAD. Both rates are roughly 3 times higher in sexually assaulted girls (1 in 3, and 1 in 4 respectively). When applied to our floor estimate for Bradley victims (n=103), these prevalence rates predict that 30 Bradley victims will develop PTSD before age 18 and 28 will have an SUD. If we use our ceiling estimate (n=448), we predict that 132 victims will develop PTSD and 123 an SUD.

Table 1. Estimated numbers of Bradley victims with Posttraumatic Stress or Substance Use Disorders before age 18

Group		PTSD		SUD	
Description	**n-count**	**%**	**n-count**	**%**	**n-count**
NSA: female respondents	1,958	11.0	214	8.3	162
NSA: Sexually assaulted females	254	29.5	75	27.5	70
Bradley: Floor	103	29.5	30	27.5	28
Bradley: Ceiling	448	29.5	132	27.5	123

Conclusions

This report concludes that the current number of confirmed Bradley victims underestimates the number of children that were sexually assaulted by the convicted perpetrator. A national survey found that 3 of 4 sexually assaulted children in the United States are unidentified by authorities. Thus, it is plausible that some victims are not known to us. This report also concludes that Bradley victims, like most sexually assaulted children, are at an elevated risk for mental illness during childhood. Sexually assaulted girls are at threefold the risk for Posttraumatic Stress and Substance Use Disorders. This victim population deserves mention in any community needs assessment that considers restructuring or reallocating resources in southern Delaware. An informed response to this population should include standardized screening for PTSD beginning at age 3 and for SUDs beginning at age 12; secondary prevention services for traumatic stress that deemphasize debriefing and stress the importance of responding in a nurturing way to signs of distress; and evidence-based (or at least promising) treatments for diagnosable cases of PTSD, SUD and co-morbid disorders (e.g., mood disorders).

Several limitations of this report deserve mention. First, we cannot overemphasize that the numbers in this report are ballpark figures based on the results of a national survey of adolescents. When compared with teens in the national survey, Bradley victims are substantially younger and the conditions of their assault unique (e.g., a pediatric pedophile). Second, this report only considers prevalence rates for PTSD or SUDs without echoing published concerns that sexual assault also increases the severity of existing mental illness (Kilpatrick et al., 2003). Indeed, one study concluded that sexual assault, in the company of other risk factors, contributed mostly to the co-morbidity of posttraumatic stress, mood and substance use disorders. Third, this report does not discuss the prevalence of child victimization and mental illness in southern Delaware as whole. Indeed, national estimates would predict that over 5,000 of the more than 64,000 0-14 year olds in Kent and Sussex Counties (2009 census) will be sexually assaulted or abused by age 18; and more than 5,000 in this age group will experience PTSD during childhood. Any improvements in the quality and access to services for Bradley victims will likely benefit this larger population. Finally, this report only focused on child victims of the Bradley crimes even though published reports document the emotional toll that such victimization can exact from caregivers and other family members. Importantly, parents' perspective-taking and emotional adjustment in the wake of child assault is critical to the long-term adjustment and emotional wellbeing of primary victims. Thus prevention and treatment services that target child victimization should directly engage parents and other caregivers.

Kilpatrick D & Saunders BE. (2000). Prevalence and consequences of child victimization: Results from the National Survey of Adolescents, Final Report. *United States Department of Justice.*

Kilpatrick D, Ruggiero KJ, Acierno R, Saunders BE, Resnick HS & Best CL. (2003). Violence and the risk of PTSD, Major Depression, Substance Abuse/Dependence, and Comorbidity: Results from the National Survey of Adolescents. *The Journal of Consulting and Clinical Psychology,* 71(4), 692-700